



# The Commonwealth of Massachusetts

## Department of Public Safety

### Amusement Device Itinerary

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 (Print name of Company)

---

 (Date)

---

 (Company Address)

---

 (Phone Number)

---

 (Print Contact Name)

---

 (Contact E-Mail Address)

All itineraries must have a complete location address to fall under the scope of the permit.

Location:	
Date arrive on lot:	
From:	To:

Location:	
Date arrive on lot:	
From:	To:

Location:	
Date arrive on lot:	
From:	To:

Location:	
Date arrive on lot:	
From:	To:

Location:	
Date arrive on lot:	
From:	To:

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